

**Quality Improvement – HHSA-Children’s MHS  
MEDICATION MONITORING SCREENING TOOL**

<b>Program:</b>	<b>Client:</b>
<b>Treating Psychiatrist</b>	<b>InSyst #:</b>
<b>Review Date:</b>	
<b>Reviewer:</b>	

	CRITERIA	COMPLIANCE	COMMENTS
1.	Medication rationale and dosage is consistent with standard of care in Child/Adolescent Psychiatry community	Yes No	
2.	Indicated Labs ordered, obtained, & acted upon.	Yes No	
3.	Physical Health conditions and treatment considered when prescribing psychiatric medication.	Yes No	
4.	No more than 1 of each class concurrently without a clearly documented justification.	N/A	
	a. Stimulants	Yes No	
	b. Mood Stabilizer	Yes No	
	c. Antidepressants	Yes No	
	d. Antipsychotics	Yes No	
	e. Antiparkinsonian	Yes No	
5	Adverse Drug Reactions and/or Side Effects treated and managed effectively.	Yes No	
6.	Informed consent is evidenced by a signed consent form or ex-parte order.	Yes No	
7.	Diagnosis in concordance with prescribed medication	Yes No	
8.	MD Documentation includes Client:	N/A	
	a. Response to medication therapy	Yes No	
	b. Presence/absence of side effects	Yes No	
	c. Extent of client’s compliance with the prescribed medication (s) regime	Yes No	
	d. Measures taken to educate client/parent in regard to medication management.	Yes No	